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BIB DATA SHEET

CONFIRMATION NO. 9787

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/459,202	12/10/1999	358	2625	2271/60882

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN 10-352,679 12/11/1998

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/13/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		JAPAN	9	46	9

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TITLE

NETWORK FACSIMILE DEVICE AND A METHOD OF CONTROLLING THE NETWORK FACSIMILE DEVICE

FILING FEE RECEIVED 2286	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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